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## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligati	ons	
Shashamane Ethiopia Federal Agents Association The		
(b) Address (number and street)	t than previously reported	2. FEC Identification Number
(c) City, State and ZIP Code NEW YORK	NY 10174	C C30002281
(d) Name of Employer or Principal Place of Business	(e) Occupation	on .
SEFAA	(-,	
3. Is This Statement or Amended	4. Covering Period	01 2014 through
5. (a) Date of Public Distribution(s) (b) Communication Title		
(d) X Corporation, Labor Organization or Quali  (e) Other, specify:  7. If the filer is an individual, unincorporated were the disbursements made exclusively  8. Custodian of Records  (a) Name  CLAYTON M. BERNARD EX	organization or qualified nonprofit	corporation, Yes No X
(b) Address (number and street) 405 Lexington Avenue Chrysler Building 25th-26th Floors (c) City, State and ZIP Code		
NEW YORK	NY 1017	4
(d) Name of Employer or Principal Place of Business SEFAA	(e) Occupation	
9. Total Donations This Statement		500.00
10. Total Disbursements/Obligations This Stat	rement	.00
Under penalty of perjury, I certify that this statement	t is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING FO	ORM CLAYTON M. BERNARD EX	
SIGNATURE CLAYTON M. BERNARD EX	[Electronically Filed] DATE	09/18/2014